**CERTIFICATE OF MAILING** 

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NOV 2 0 2003

RECEIVED

Technology Center 2600

Sami O. Malas

In Re Application of:

Confirmation No.: 7025

Arturo A. Rodriguez

Group Art Unit: 2611

Serial No.: 10/015,270

Examiner: Bui, Kieu Oanh T.

Filed: 12-11-2001

Docket No.: A-7312 (191920-1090)

For: Time Adaptive Control of Television Viewing Functionality

The following is a list of documents enclosed:

Return Postcard Amendment Transmittal Response to Office Action (with Amendments) RCE Transmittal Fee Transmittal Credit Card Authorization - \$385.00

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

OIPE Will Under the Paperwork Reduction Act of 1995, no persons are of	U.S. Patent and Tra	PTO/SB/17 oproved for use through 10/31/2002. OMB 065 ademark Office: U.S. DEPARTMENT OF COMP ormation unless it displays a valid OMB control of	(10-03 51-003 MERCE number		
HOV 1 8 2003 FEE TRANSMITTAL  for FY 2004  TO TRIVET 10/01/2003. Patent fees are subject to annual revisions.	Complete If Known				
	Application Number	10/015,270			
	Filing Date	12-11-2001 Rodriguez			
	First Named Inventor				
	Examiner Name	Bui, Kieu Oanh T.			
Applicant claims small entity status. See 37 CFR 1.27	Group / Art Unit	2611			
TOTAL AMOUNT OF PAYMENT (\$) 385	Attorney Docket No.	A-7312 (191920-1090)			

METHOD OF PAYMENT (	OF PAYMENT (check all that apply) FEES CALCULATION (continued)							
Check Credit Card Mor		3. ADDITIONAL FEES Large Entity Small Entity						
Ord	iei	Fee	Fee	Fee	Fee	Fee Description	Fee Paid	
Account		Code 1051	( <b>\$</b> ) 130	<b>Code</b> 2051	(\$) 65	Surcharge-late filing fee or oath		
Deposit Account		1052	50	2052	25	Surcharge-late provisional filing fee or cover sheet		
Number 2	20-0778	1053	130	1053	130	Non-English specification	RECEIVE	
Deposit Account		1812	2,520	1812	2,520	For filing a request for ex a parte reexamination		
	lorstemeyer Risley, L.L.P.	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	NOV 2 0 20	
The Commissioner is authorized to: (c	check all that apply)	1805	1,840°	1805	1,840*	Requesting publication of SIR after Examiner action		
	Credit any overpayments	1251	110	2251	55	Extension for reply within month	thology Cent	
Charge any additional fee(s) during the Charge fee(s) indicated below, except f		1252	420	2252	210	Extension for reply within second month		
identified deposit account		1253	950	2253	475	Extension for reply within third month		
FEE CALCUL  1. BASIC FILING FEE	ATION	1254	1,480	2254	740	Extension for reply within fourth month		
Large Entity   Small Entity	Fee Paid	1255	2,010	2255	1,005	Extension for reply within fift month	h	
Fee Fee Fee Fee Code (\$) Code (\$) <u>Fee</u>	Description	1401	330	2401	165	Notice of Appeal		
	ty Filing Fee	1402	330	2402	165	Filing a brief in support of ar	1	
	ign Filing Fee	1403	290	2403	145	appeal Request for oral hearing		
	nt Filing Fee	1451	1,510	1451	1,510	Petition to institute a public		
	ssue Filing Fee	1452	110	2452	55	use proceeding Petition to revive-		
	visional Filing Fee	1453	1,330	2453	655	unavoidable Petition to revive- unintentional	·	
SUB	BTOTAL (1) (\$)	1501	1,330	2501	665	Utility issue fee (or reissue)		
2. EXTRA CLAIM FEES FOR UTILITY	AND REISSUE	1502	480	2502	240	Design issue fee		
E:	xtra Fee Fee	1503	640	2503	320	Plant issue fee		
	Below	1460	130	1460	130	Petitions to the Commissioner		
Total Claims 30 -208 = 0 Independent 6 -6** = 0	X 18.00 = 0.00 X 86.00 = 0.00	1807	50	1807		Processing fee for provisional application		
Claims Multiple	290.00 =	1806	180	1806	180	Submission of Information Disclosure Stmt		
Dependent		8021	40	8021	40	assignment per property		
	Description	1809	770	2809	385	(times number of properties Filing a submission after fin	al	
Code (\$) Code (\$) 1202 18 2202 9 Clair	ims in excess of 20	1810	770	2810	385		pe	
1	ependent claims in excess of 3	1801	770	2801	385	examined (37 CFR 1.129(b Request for Continued Examination (RCE)	385.00	
1977	tiple dependent claim, if not paid eissue independent claims over	1802	900	1802	900		n.	
	original patent			F .		or a design application		
1205 18 2205 9 **Re	eissue claims in excess of 20 nd over original patent	Other 1	ee (specif	y)		SUBTOTAL (3)	385.00	
Su	JBTOTAL (2) (\$)					(4)	,, 555.55	
**or number previously paid, if greater; For Reissues, see above *Reduced by Basic Filing Fee Paid								
A 1 d Tolkin								
SUBMITTED BY	-mi O Malao	Rec	istration N	<u> </u>	44,893	Telephone 77	0-933-9500	
Signature	ami O. Malas			<del>-</del>	,	Number 777		
Sami O. Malas 11-13-2003								
( )	Samue O. Jag		, <u> </u>					

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